

Appellate Docket Number:

Appellate Case Style:
Vs.

Companion Case No(s) :

FILED IN
3rd COURT OF APPEALS
AUSTIN, TEXAS
12/14/2017 3:57:44 PM
JEFFREY D. KYLE
Clerk

Amended/corrected statement:

DOCKETING STATEMENT (Civil)

Appellate Court:

(to be filed in the court of appeals upon perfection of appeal under TRAP 32)

I. Appellant	II. Appellant Attorney(s)
<div><input type="checkbox"/> Person <input type="checkbox"/> Organization (choose one)</div> <div>Organization:</div> <div>First Name:</div> <div>Middle Name:</div> <div>Last Name:</div> <div>Suffix:</div> <div>Pro Se: <input type="radio"/></div>	<div><input type="checkbox"/> Lead Attorney</div> <div>First Name:</div> <div>Middle Name:</div> <div>Last Name:</div> <div>Suffix:</div> <div>Law Firm Name:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City:</div> <div>State:</div> <div>Zip+4:</div> <div>Telephone:</div> <div>ext.</div> <div>Fax:</div> <div>Email:</div> <div>SBN:</div>
III. Appellee	IV. Appellee Attorney(s)
<div><input type="checkbox"/> Person <input type="checkbox"/> Organization (choose one)</div> <div>First Name:</div> <div>Middle Name:</div> <div>Last Name:</div> <div>Suffix:</div> <div>Pro Se: <input type="radio"/></div>	<div><input type="checkbox"/> Lead Attorney</div> <div>First Name:</div> <div>Middle Name:</div> <div>Last Name:</div> <div>Suffix:</div> <div>Law Firm Name:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City:</div> <div>State:</div> <div>Zip+4:</div> <div>Telephone:</div> <div>ext.</div> <div>Fax:</div> <div>Email:</div> <div>SBN:</div>

V. Perfection Of Appeal And Jurisdiction

Nature of Case (Subject matter or type of case):

Date order or judgment signed:

Type of judgment:

Date notice of appeal filed in trial court:

If mailed to the trial court clerk, also give the date mailed:

Interlocutory appeal of appealable order: ☐ Yes ☐ No

If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):

Accelerated appeal (See TRAP 28): ☐ Yes ☐ No

If yes, please specify statutory or other basis on which appeal is accelerated:

Parental Termination or Child Protection? (See TRAP 28.4): ☐ Yes ☐ No

Permissive? (See TRAP 28.3): ☐ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): ☐ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule: ☐ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Does this case involve an amount under \$100,000? ☐ Yes ☐ No

Judgment or order disposes of all parties and issues: ☐ Yes ☐ No

Appeal from final judgment: ☐ Yes ☐ No

Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? ☐ Yes ☐ No

VI. Actions Extending Time To Perfect Appeal

Motion for New Trial: ☐ Yes ☐ No If yes, date filed:

Motion to Modify Judgment: ☐ Yes ☐ No If yes, date filed:

Request for Findings of Fact and Conclusions of Law: ☐ Yes ☐ No If yes, date filed:

Motion to Reinstate: ☐ Yes ☐ No If yes, date filed:

Motion under TRCP 306a: ☐ Yes ☐ No If yes, date filed:

Other: ☐ Yes ☐ No

If other, please specify:

VII. Indigency Of Party: (Attach file-stamped copy of Statement, and copy of the trial court order.)

Was Statement of Inability to Pay Court Costs filed in the trial court? ☐ Yes ☐ No If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court? ☐ Yes ☐ No If yes, date filed:

Was there any hearing on appellant's ability to afford court costs? ☐ Yes ☐ No Hearing date:

Did trial court sign an order under Texas Rule of Civil Procedure 145? ☐ Yes ☐ No Date of order:

If yes, trial court finding: ☐ Challenge Sustained ☐ Overruled

VIII. Bankruptcy

Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal? ☐ Yes ☐ No

If yes, please attach a copy of the petition.

Date bankruptcy filed:

Bankruptcy Case Number:

IX. Trial Court And Record

Court:

Clerk's Record:

County:

Trial Court Clerk: ☐ District ☐ County

Trial Court Docket Number (Cause No.):

Was clerk's record requested? ☐ Yes ☐ No

If yes, date requested:

*

Trial Judge (who tried or disposed of case):

If no, date it will be requested:

First Name:

Were payment arrangements made with clerk? **

Middle Name:

☐ Yes ☐ No ☐ Indigent

Last Name:

(Note: No request required under TRAP 34.5(a),(b))

Suffix:

Address 1:

*** Findings of Fact and Conclusions of Law are in the process of being developed. This date is a best guess, and the record will be ordered as soon as that process is complete.**

Address 2 :

City:

State: Zip + 4:

Telephone: ext.

**** Payment arrangements were requested in writing.**

Fax:

Email:

Reporter's or Recorder's Record:

*** Findings of Fact and Conclusions of Law are in the process of being developed. This date is a best guess, and the record will be ordered as soon as that process is complete.**

Is there a reporter's record? ☐ Yes ☐ No

Was reporter's record requested? ☐ Yes ☐ No

Was there a reporter's record electronically recorded? ☐ Yes ☐ No

**** Payment arrangements were requested in writing.**

If yes, date requested:

*

If no, date it will be requested:

**

Were payment arrangements made with the court reporter/court recorder? ☐ Yes ☐ No ☐ Indigent

☐ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

First Name:

Middle Name:

Last Name:

Suffix:

Address 1:

Address 2:

City:

State: Zip + 4:

Telephone: ext.

Fax:

Email:

X. Supersedeas Bond

Supersedeas bond filed: ☐ Yes ☐ No If yes, date filed:

Will file: ☐ Yes ☐ No

XI. Extraordinary Relief

Will you request extraordinary relief (e.g. temporary or ancillary relief) from this Court? ☐ Yes ☐ No

If yes, briefly state the basis for your request:

XII. Alternative Dispute Resolution/Mediation (Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeal)

Should this appeal be referred to mediation? ☐ Yes ☐ No

If no, please specify:

Has the case been through an ADR procedure? ☐ Yes ☐ No

If yes, who was the mediator?

What type of ADR procedure?

At what stage did the case go through ADR? ☐ Pre-Trial ☐ Post-Trial ☐ Other

If other, please specify:

Type of case?

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

How was the case disposed of?

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages:

Punitive (or similar) damages:

If other, please specify:

Name	Address	Telephone	Fax	Email
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Name of person filing out mediation section of docketing statement:

 $V_S.$

XIV. Pro Bono Program: (Complete section if filing in the 1st, 2nd, 3rd, 5th, 7th, 13th or 14th Courts of Appeals)

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at www.tex-app.org. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program? ☐ Yes ☐ No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal? ☐ Yes ☐ No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

If you have not previously filed an Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? ☐ Yes ☐ No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

Are you willing to disclose your financial circumstances to the Pro Bono Committee? ☐ Yes ☐ No

If yes, please attach an Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).

XV. Signature

Signature of counsel (or pro se party)

Date:

Printed Name:

State Bar No.:

Electronic Signature:
(Optional)

XVI. Certificate of Service

The undersigned counsel certifies that this docketing statement has been served on the following lead counsel for all parties to the trial court's order or judgment as follows on .

Signature of counsel (or pro se party)

Electronic Signature:
(Optional)

State Bar No.:

Person Served

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by that attorney

Please enter the following for each person served:

Date Served:

Manner Served:

First Name:

Middle Name:

Last Name:

Suffix:

Law Firm Name:

Address 1:

Address 2:

City:

State Zip+4:

Telephone: ext.

Fax:

Email:

If Attorney, Representing Party's Name: